

<b>STATEMENT OF ORGANIZATION</b>		<b>OFFICE USE ONLY</b>												
<b>1. Name and Address of Committee</b>  CENTRAL LA. BUILD POLITICAL ACTION COMMITTEE 2017-B MacArthur Drive Fireside Plaza Bldg. #4 Alexandria, LA 71301  Check If: New Committee _____	<b>2. Date of this Statement</b>  <div style="text-align: center;">1/5/2005</div>	<b>Report Number:</b> 7859  <b>Date Filed:</b> 1/5/2005												
	<b>3. Estimated Membership</b>  <div style="text-align: center;">131</div>													
	<b>4. Amended Statement?</b>  <div style="text-align: center;"> <input type="checkbox"/> Yes     <input checked="" type="checkbox"/> No         </div>													
<b>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td>MARK A. WATSON</td> <td>Chairperson</td> <td>P.O. Box 1711</td> </tr> <tr> <td></td> <td></td> <td>Alexandria, LA 71309</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	MARK A. WATSON	Chairperson	P.O. Box 1711			Alexandria, LA 71309		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>												
MARK A. WATSON	Chairperson	P.O. Box 1711												
		Alexandria, LA 71309												
	Treasurer													
<b>6. Affiliated Organizations</b> <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>												
<b>7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <p style="text-align: center;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>										
<u>a. Name</u>	<u>b. Address</u>													
<b>8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:</b> a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee														
<b>b. Name of Candidate</b>	<b>c. Office Sought by the Candidate</b>													
<b>9. a. Name of Person Preparing Report</b> MRS. PATTY RISER  <b>b. Daytime Telephone</b> 318-443-1902														
<b>10. WE HEREBY CERTIFY</b> that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.  This <u>5th</u> day of <u>January</u> , <u>2005</u> .  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: bottom;"> <u>Mark A. Watson</u>            Signature of Committee/Chairperson         </td> <td style="width: 50%; vertical-align: bottom;"> <u>318-487-4910</u>            Daytime Telephone         </td> </tr> <tr> <td style="vertical-align: bottom;">           _____            Signature of Committee Treasurer, if any         </td> <td style="vertical-align: bottom;">           _____            Daytime Telephone         </td> </tr> </table>			<u>Mark A. Watson</u> Signature of Committee/Chairperson	<u>318-487-4910</u> Daytime Telephone	_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone								
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_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone													

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

HIBERNIA NATIONAL BANK

b. Address

P.O. Box 351  
Alexandria, LA 71309